

DEPARTMENT OF LOCAL GOVERNMENT FINANCE SCHOOL PROPERTY TAX CONTROL BOARD HEARING INFORMATION SHEET

SCHOOL CODE# _____ SCHOOL : _____
COUNTY: _____

*****GENERAL INFORMATION*****

Requesting approval of:

_____ General Obligation Bonds: IC6-1.1-20
_____ Lease Rental Agreement: IC 21-5-11 (Competitive Bond Sale)
_____ Lease Rental Agreement: IC 21-5-12 (Negotiated Bond Sale)
_____ Lease Rental Agreement: IC 21-5-12 (Competitive Bond Sale)

Is this a controlled project? (Circle one) Yes or No

*****TOTAL PROJECT COST (ALL BUILDINGS)*****

	Holding Corporation	Construction Fund	Capital Projects Fund	Total Cost
COST OF CONSTRUCTION				
Construction Costs:	_____	_____	_____	_____
Clerk of the Works:	_____	_____	_____	_____
Construction Mgt:* _____%	_____	_____	_____	_____
Architect Fees:* _____%	_____	_____	_____	_____
Ext. Architects Fees:* _____%	_____	_____	_____	_____
General Conditions:	_____	_____	_____	_____
Land or Building Cost:	_____	_____	_____	_____
Soil Testing & Surveys:	_____	_____	_____	_____
Loose Equipment:	_____	_____	_____	_____
Builders Risk Insurance:	_____	_____	_____	_____
Title Insurance:	_____	_____	_____	_____
Contingencies:* _____%	_____	_____	_____	_____
Other:** _____	_____	_____	_____	_____
Sub Total Construction	_____	_____	_____	_____
 COST OF FINANCING				
Attorney Fees:* _____%	_____	_____	_____	_____
Bond Counsel:* _____%	_____	_____	_____	_____
Financial Advisor:* _____%	_____	_____	_____	_____
Underwriter's Fees:* _____%	_____	_____	_____	_____
Trustee Fees:* _____%	_____	_____	_____	_____
Off. Statement & Ratings:	_____	_____	_____	_____
Bond Printing:	_____	_____	_____	_____
Legal Advertising:	_____	_____	_____	_____
Other:** _____	_____	_____	_____	_____
Interest During Construction				
_____ Months @ _____%	_____	_____	_____	_____
Sub Total Financing	_____	_____	_____	_____
TOTAL PROJECT COST:	\$ _____	_____	_____	_____

* = expressed as a percentage of construction costs.

Is this a consolidated issue? (Circle one) Yes or No

If this is a consolidated issue, provide a breakdown of each project's total cost.

If you are using extended architect fees, describe what the fees include: _____

INSTRUCTIONS: PLEASE COMPLETE THE FOLLOWING AS A SUMMARY FOR A PROJECT WITH MULTIPLE BUILDINGS. INFORMATION ABOUT INDIVIDUAL BUILDINGS SHOULD BE PROVIDED ON SUBSEQUENT PAGES.

SIZE OF PROJECT

SQ. FT. (PRE-CONSTRUCTION) _____

AFTER CONSTRUCTION _____

THE BUILDING PROJECT INCLUDES THE FOLLOWING:

NEW CONSTRUCTION _____ sq. ft.

ADDITIONS TO EXISTING CONSTRUCTION _____ sq. ft.

REMODELING OF EXISTING STRUCTURES _____ sq. ft.

OTHER _____ sq. ft.

Please Describe

COST PER PUPIL

PER PUPIL COST (ENROLLMENT) _____

PER PUPIL COST (CAPACITY) _____

LISTING OF PROFESSIONALS INVOLVED IN THIS PROJECT:

ATTORNEY: _____ Address: _____

Phone: _____
Date of Written Contract: _____
Percentage based? Yes ___ No ___

FINANCIAL ADVISOR: _____ Address: _____

Phone: _____
Date of Written Contract: _____
Percentage based? Yes ___ No ___

ARCHITECT: _____ Address: _____

Phone: _____
Date of Written Contract: _____
Percentage based? Yes ___ No ___

CONSTRUCTION MANAGER: _____ Address: _____

Phone: _____
Date of Written Contract: _____
Percentage based? Yes ___ No ___

BOND COUNSEL: _____ Address: _____

Phone: _____
Date of Written Contract: _____
Percentage based? Yes ___ No ___

OTHER: _____ Address: _____

Phone: _____
Date of Written Contract: _____
Percentage based? Yes ___ No ___

Common Construction Wage

The following questions do not apply to projects with actual construction costs less than one hundred fifty thousand dollars (\$150,000).

1. Is documentation included that describes the criteria for payment on common construction wage? Yes _____ No _____

If no, explain why you were exempt from providing such documentation:

2. Did the wage committee consider the following factors?

a) A determination of the skilled, semiskilled and unskilled classes required under IC 5-16-7-1(c)(1) for each trade or craft classification of labor employed in the performance of the project's contract? Yes _____ No _____

b) A determination of reasonably anticipated costs of providing fringe benefits commonly paid to workers on similar projects if their exclusion would depress real compensation below the level commonly set by the private sector. Yes _____ No _____

What was the date of the wage committee meeting? _____

If the wage committee has not yet met, please provide an explanation: _____

Please provide a copy of the minutes and wage information presented by various parties at the committee meeting. If not attached, please provide an explanation for the omission.

3. Did the wage committee:

a) base its decision on data that was representative of the wages most commonly paid in the county where the project is located and for the types of work at issue?

Yes _____ No _____

If the wage committee did not consider the factors and information described above, provide an explanation of the reason(s) why such factors and information were not considered:

(To be completed for individual buildings)

Do not co-mingle the various categories of construction. Please list new construction, additions, and remodeling costs on separate pages.

COSTS OF CONSTRUCTION (Building #1)

BLDG. NAME: _____ TYPE _____ Grades _____

Current Enrollment: _____ Current Capacity: _____ New Capacity _____

Sq. Ft.(prior to addition): _____ (after construction): _____

Sq. Ft. per student at enrollment: _____ Sq. Ft. per student at capacity: _____

The Building #1 project includes the following:

- a. New Construction _____ sq. ft.
- b. Additions to existing construction: _____ sq. ft.
- c. Remodeling of existing structure: _____ sq. ft.
- d. Other (describe) _____

New construction includes any new facilities that previously did not exist.

Additions to existing construction include a new addition to an existing facility.

Remodeling of an existing structure includes facilities that exist and will have renovations/remodeling but NO new addition. If an addition is part of a remodeling project, separate the square footage of the addition and the square footage of the remodeling project.

Source of Funds:	Holding Corp.	Const. Fund	Cap. Projects	Total
Construction Costs:	_____	_____	_____	_____
Architect Fees:	_____	_____	_____	_____
Clerk of the Works:	_____	_____	_____	_____
Construction Management:	_____	_____	_____	_____
General Conditions:	_____	_____	_____	_____
Land or Building Cost:	_____	_____	_____	_____
Soil Testing & Surveys:	_____	_____	_____	_____
Loose Equipment:	_____	_____	_____	_____
Builders Risk Insurance:	_____	_____	_____	_____
Title Insurance:	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____

*TOTAL COST OF CONSTRUCTION FOR BUILDING #1: \$ _____ per sq. ft.
per pupil: \$ _____ (enrollment) per pupil: \$ _____ (capacity)

Detail items and costs for "loose equipment" _____

COSTS OF CONSTRUCTION (Building #2)

BLDG.

NAME: _____ TYPE _____ Grade _____

Current Enrollment: _____ Current Capacity: _____ New Capacity _____

Sq. Ft.(prior to addition): _____ (after construction): _____

Sq.Ft. per student at enrollment: _____ Sq. Ft. per student at capacity: _____

The Building #2 project includes the following:

- a. New Construction _____ sq.ft.
- b. Additions to existing construction: _____ sq.ft.
- c. Remodeling of existing structure: _____ sq.ft.
- d. Other: (describe) _____

New construction includes any new facilities that were previously not previously did not exist.

Additions to existing construction include a new addition to an existing facility.

Remodeling of an existing structure includes facilities that exist and will have renovations/remodeling but NO new addition. If an addition is part of a remodeling project, separate the square footage of the addition and the square footage of the remodeling project.

Source of Funds:	Holding Corp.	Const. Fund	Cap. Projects	Total
Construction Costs:	_____	_____	_____	_____
Architect Fees:	_____	_____	_____	_____
Clerk of the Works:	_____	_____	_____	_____
Construction Management	_____	_____	_____	_____
General Conditions:	_____	_____	_____	_____
Land or Building Cost:	_____	_____	_____	_____
Soil Testing & Surveys:	_____	_____	_____	_____
Loose Equipment:	_____	_____	_____	_____
Builders Risk Insurance:	_____	_____	_____	_____
Title Insurance:	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
<u>TOTAL</u>	_____	_____	_____	_____

*TOTAL COST OF CONSTRUCTION FOR BUILDING #2:\$ _____ per sq.ft.
per pupil:\$ _____ (enrollment) per pupil:\$ _____ (capacity)

Detail items and costs for "loose equipment" _____

COSTS OF CONSTRUCTION (Building #3)

BLDG.

NAME: _____ TYPE _____ Grade _____

Current Enrollment: _____ Current Capacity: _____ New Capacity _____

Sq. Ft.(prior to addition): _____ (after construction): _____

Sq.Ft. per student at enrollment: _____ Sq. Ft. per student at capacity: _____

The Building #3 project includes the following:

- e. New Construction _____ sq.ft.
- f. Additions to existing construction: _____ sq.ft.
- g. Remodeling of existing structure: _____ sq.ft.
- h. Other: (describe) _____

New construction includes any new facilities that were previously not previously did not exist.

Additions to existing construction includes a new addition to an existing facility.

Remodeling of an existing structure includes facilities that exist and will have renovations/remodeling but NO new addition. If an addition is part of a remodeling project, separate the square footage of the addition and the square footage of the remodeling project.

Source of Funds:	Holding Corp.	Const. Fund	Cap. Projects	Total
Construction Costs:	_____	_____	_____	_____
Architect Fees:	_____	_____	_____	_____
Clerk of the Works:	_____	_____	_____	_____
Construction Management	_____	_____	_____	_____
General Conditions:	_____	_____	_____	_____
Land or Building Cost:	_____	_____	_____	_____
Soil Testing & Surveys:	_____	_____	_____	_____
Loose Equipment:	_____	_____	_____	_____
Builders Risk Insurance:	_____	_____	_____	_____
Title Insurance:	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
<u>TOTAL</u>	_____	_____	_____	_____

*TOTAL COST OF CONSTRUCTION FOR BUILDING #3: \$ _____ per sq.ft.

per pupil:\$ _____ (enrollment) per pupil:\$ _____ (capacity)

Detail items and costs for "loose equipment" _____

COSTS OF CONSTRUCTION (Building #4)

BLDG.

NAME: _____ TYPE _____ Grade _____

Current Enrollment: _____ Current Capacity: _____ New Capacity _____

Sq. Ft.(prior to addition): _____ (after construction): _____

Sq.Ft. per student at enrollment: _____ Sq. Ft. per student at capacity: _____

The Building #4 project includes the following:

- i. New Construction _____ sq.ft.
- j. Additions to existing construction: _____ sq.ft.
- k. Remodeling of existing structure: _____ sq.ft.
- l. Other: (describe) _____

New construction includes any new facilities that were previously not previously did not exist.

Additions to existing construction include a new addition to an existing facility.

Remodeling of an existing structure includes facilities that exist and will have renovations/remodeling but NO new addition. If an addition is part of a remodeling project, separate the square footage of the addition and the square footage of the area of the remodeling project.

Source of Funds:	Holding Corp.	Const. Fund	Cap. Projects	Total
Construction Costs:	_____	_____	_____	_____
Architect Fees:	_____	_____	_____	_____
Clerk of the Works:	_____	_____	_____	_____
Construction Management	_____	_____	_____	_____
General Conditions:	_____	_____	_____	_____
Land or Building Cost:	_____	_____	_____	_____
Soil Testing & Surveys:	_____	_____	_____	_____
Loose Equipment:	_____	_____	_____	_____
Builders Risk Insurance:	_____	_____	_____	_____
Title Insurance:	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
<u>TOTAL</u>	_____	_____	_____	_____

*TOTAL COST OF CONSTRUCTION FOR BUILDING #4:\$ _____ per sq.ft.

per pupil:\$ _____ (enrollment) per pupil:\$ _____ (capacity)

Detail the items and costs associated with "loose equipment" _____

FUNDING INFORMATION FOR THE PROJECT

Funds Provided for Project From:

Lease Rental	
General Obligation Bonds	
Common School Fund	
Veterans Memorial Fund	
Capital Projects Fund	
Other (Interest Earnings)	
(Interim rent, etc.)	
<u>TOTAL</u>	

Is capital project fund money on hand for this project? _____

Total Principal Indebtedness (When repayment of new debt begins in 20____)

	<u>Outstanding Debt</u>	<u>Proposed New Debt</u>	<u>Total Debt</u>
General Obligation Bonds:			
Lease Rental Agreements:			
Common School Fund Loans			
Veteran's Memorial Fund Loans			
Other:			
<u>TOTAL INDEBTEDNESS OF CORP.:</u>			
% of Estimated Assessed			
Valuation _____	_____ %	_____ %	_____ %
(year)			

CONSTITUTIONAL DEBT LIMIT:

- What is the current amount of indebtedness of the school corporation, subject to the 2% Constitutional limit? \$_____

What is the school's most recent certified assessed valuation \$_____ year _____

- What is your present ability to issue General Obligation Bonds? \$_____

Proposed Debt Service Payments For This Project:

Annual Payment:(first full year of repayment, maximum year)

Lease Rental Agreement:	Year:_____	Year:_____
Cited in Lease: (____ yrs.@ ____ %Max. Int.)		
Current Estimate: (____ yrs.@ ____ %Max. Int.)		
Bond Issue: (____ yrs.@ ____ %Max. Int.)		
Common School Fund		
Veteran's Memorial Fund		

TOTAL ADDITIONAL ANNUAL DEBT SERVICE: _____

SUMMARY OF ALL DEBT SERVICE ANNUAL PAYMENTS OF THE SCHOOL CORPORATION WHEN THIS REPAYMENT STARTS:

	Outstandin g ___Debt___	This +Project	First Year =Payments	Max. Year Payments
General Obligation Bonds:	_____	_____	_____	_____
Lease Rental Agreements:	_____	_____	_____	_____
Common School Fund:	_____	_____	_____	_____
Veteran's Memorial Fund:	_____	_____	_____	_____
Interest on TAW's:	_____	_____	_____	_____
Total Annual Payments	_____	_____	_____	_____

PROPERTY TAX RATE IMPACT OF THE PROJECT

Potential Tax Rate:	Year_____	Year_____
(projected rate should reflect 100%TTV)		
Total Annual Payments	_____	_____
-ADA Flat Grant:	_____	_____
-Excise Tax (Estimate):	_____	_____
-Comm. Veh. Excise Tax:	_____	_____
-Other Misc. Revenue:	_____	_____
Required Debt Service Levy:	_____	_____

	Tax Rates Current Year ___ pay ___	When Repayment Begins ___ pay ___	Maximum Year ___ pay ___
Assessed Value (100%TTV):	_____	_____	_____
General Fund:	_____	_____	_____
Debt Service Fund:	_____	_____	_____
Capital Projects Fund:	_____	_____	_____
Transportation Fund:	_____	_____	_____
Bus Replacement Fund:	_____	_____	_____
Pre School:	_____	_____	_____
Total:	_____	_____	_____

Attach combined debt service schedule for full term of proposed lease-bond issue (this schedule should also depict estimated future tax rate for debt service fund and estimated Net Assessed Valuation used to calculate tax rate).

GENERAL INFORMATION

Please answer the following questions. If insufficient space was provided to answer your question, please attach an exhibit showing responses:

1. The elected/appointed governing body consists of _____ members. Their resolution to adopt the lease agreement/determination to issue bonds passed governing body in favor of the issue:

Date: _____ Aye _____ Nay _____ Abstain _____

Please explain any nay vote(s): _____

2. Please provide current enrollment and indicate organizational structure (i.e. K, 1-6, 7-8, 9-12):
3. Indicate your enrollment history for the last 5 years and any anticipated trends for the next five years by grade organizational structure. Detail to the individual grade level is acceptable if more readily available:
4. Briefly describe this construction project, all buildings involved, the needs and advantages of the project by buildings impacted: **(Provide a detailed project description to the Administrative Officer of the SPTCB)**
5. List and describe the age, condition, use, limitations, or other pertinent information of any structures to be remodeled and/or expanded:

6. List and describe any structures that will be replaced, demolished, converted, or sold following completion of this project. Explain why this is necessary and wise: (i.e.: age, additions, condition, use, utility)
7. Estimate the impact the completed project will have on the general fund _____
Estimate the dollars to be requested in a new facility appeal. _____
What tax rate does the new facility appeal amount represent? _____
Was this impact revealed at the "1028" hearing? _____
Was this impact included in the notice of preliminary determination? _____
Preliminary Determination hearing? _____ Lease hearing? _____ Bond hearing? _____
8. List and describe any other new construction or renovation projects anticipated in the next 10 years and the purpose of projects:
9. List alternative plans considered but not adopted. (List the costs associated with each alternative):
10. Date of completed feasibility study for the project: _____
Who prepared the study? _____
Was the impact of year-round school included in the feasibility study? (Y) (N)
Date of hearing(s) on year round school: _____
State briefly the determination made concerning year-round school:

(If applicable, submit one copy of the feasibility study and year-round school consideration)

11. Date 1028 hearing was held: _____
Estimated tax impact contained in 1028 resolution: _____
If rate impact was zero, please provide an explanation: _____

(Submit copies of any information provided to taxpayers regarding this project)

12) Date of Notice for Preliminary Determination Hearing: _____
Date of Preliminary Determination Hearing: _____
Date of publication of Preliminary Determination: _____
Last date for a petition for application of petition/remonstrance process: _____
Was an application filed for petition/remonstrance? _____
Was a sufficient application for petition/remonstrance filed? _____
If the application was deemed insufficient, explain why: _____

Date of publication beginning petition/remonstrance process: _____
Last date for petitions to be filed for petition/remonstrance process: _____
Vote on petition/remonstrance: Yea _____ Nay _____
Last date an objecting petition may be filed against the issuance of bonds: _____
Date of governing body's resolution appropriating the proceeds of the bond issue: _____
Date of hearing on lease rental agreement: _____
Date of lease rental agreement will be executed (if approved): _____
Date Notice to Taxpayers of Execution of Lease to be published: _____
Last date an objecting petition may be filed, based on estimate above _____

(Submit copies of all proofs of publication pertaining to this project)

12. Date the bids are expected to be received: _____
13. Date that bonds are expected to be sold: _____
14. Date that construction should start for meeting the educational/funding objectives of the project: _____

(If you failed to include a copy of the proposed lease agreement with your petition for approval, forward a copy with this form).

15. Name of Holding Corporation: _____
Please list names of holding corporation officers and their relationship to the School Corporation.

16. What forms of financing are available to your corporation? Explain why the form of financing chosen was selected.

17. If using a holding corporation, is the lease rental agreement with a non-profit holding corporation? _____ If not, explain the process followed to select this holding corporation and its advantages.

18. Why was the manner of bond sale (competitive vs. negotiated) selected?

19. Community involvement- what did the School Corporation do to educate its taxpayers about this project? (i.e. pamphlets, videos, charts)

20. Is there a “need” for this project? Were demographic studies conducted? Is this projects need demonstrated through the school corporation’s growth? Is the project size realistic?

21. Please provide a list of all school buildings, including administrative facilities that specifies the following items:

Building name	Age Original Structure	Use	Total Square footage
---------------	---------------------------	-----	-------------------------

Please indicate where copies of the Department of Local Government Finance final determination should be sent. If a copy may be sent by FAX, please supply the FAX number.

Original: (Sent to the school corporation unless otherwise noted)

Copy to:

Copy to:

Submit ten hard copies of the completed hearing information sheet and a disk with the same information to:

Administrative Officer
School Property Tax Control Board
Department of Local Government Finance
100 North Senate Avenue, Room N1058
Indianapolis IN 46204

CERTIFICATION

(To be completed by the person who prepared the Hearing Information Sheet)

I certify to the best of my knowledge that the above is a full, true and complete transcript for the proposed project(s) to be presented to the School Property Tax Control Board and Department of Local Government Finance.

Dated this _____ day of _____, _____.

(Signature)

(Title)